2015 ArtSmart and GVP Youth Sports Camp Registration

For Office Use Only
Date Received _____
Amount Paid _____

Instructions: Please complete one of these forms per child and return with $85 deposit to: City of Rochester Bureau of Recreation, 400 Dewey Avenue, Rochester, NY 14613 - Fax: 585-428-6021 Phone: 585-428-6755 Please return this form only. Keep other material for your reference.

Number of Registered Children: _____
Names: _____
_____

Camper Information

Camper Name:_____ ❑ M ❑ F Birth Date:____/____/_____
Address:_____ City:_____ State:_____ Zip:_____
T-Shirt Size: Youth - S M L Adult - S M L XL Is this your first summer with us? ❑ Yes ❑ No
How did you hear about ArtSmart and GVP Youth Sports Camps?_____

Parent/Guardian Information

Parent/Guardian 1 Information
Relationship to Camper: _____
Name: _____
Address *(if different)*:_____
City: _____ State:_____ Zip:_____
Email: _____
Home Phone: (_____)_____
Cell Phone:(_____)_____
Work Phone:(_____)_____

Parent/Guardian 2 Information
Relationship to Camper: _____
Name: _____
Address *(if different)*:_____
City: _____ State:_____ Zip:_____
Email: _____
Home Phone: (_____)_____
Cell Phone:(_____)_____
Work Phone:(_____)_____

Pickup Authorization and Emergency Contacts

Is Parent/Guardian 1 authorized to pick up? ❑ Yes ❑ No Is Parent/Guardian 2 authorized to pick up? ❑ Yes ❑ No

Other individuals authorized pick my child:

Name: _____ Relationship: _____ Phone Number: _____
Name: _____ Relationship: _____ Phone Number: _____

In an emergency, when parent or guardian cannot be reached, please contact:

Name: _____ Relationship: _____ Phone Number: _____

Camp Date Selection

Please indicate (X) summer camp session choices below: ** Parents must notify staff when child will be absent.*

	7/6 – 7/10	7/13 – 7/17	7/20 – 7/24	7/27 – 7/31	8/3 – 8/7	8/10 – 8/14	8/17 – 8/21
ArtSmart @ Lake Riley Lodge							
Sports Camp @ GVP Field House							

Health & Immunization Records

Health History

_____ Asthma
_____ Chicken Pox
_____ Convulsions
_____ Ear infections
_____ Diabetes
_____ Measles
_____ Mumps
_____ Poison Ivy
_____ Rubella
_____ Rheumatic Fever

Allergies

_____ Nuts
_____ Insect Stings
_____ Poison Ivy
_____ Penicillin
_____ Other Drugs
_____ Latex
_____ Other

Immunization History

❑ I certify that all of my child's immunizations are up to date
❑ I understand that I must submit a full copy of my child's immunizations before he/she can attend camp. Immunization history should be provided to the Bureau of Recreation by **June 12, 2015**

Health Insurance Carrier: _____ Policy#: _____
Pediatrician's Name: _____ Phone #:_____
Address:_____

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Health & Immunization Records (Continued)

Please indicate "yes" or "no" to the following questions and list any additional information.

Does your child use any self-administered medications?

❑ No ❑ Yes *(Please Describe)*_____

Do you give your child permission to carry and apply sunscreen? (*sunscreen must be FDA-approved, over the counter, and provided by parent/guardian to camper)* ❑ No ❑ Yes

Has your child had any operations or serious illnesses?

❑ No ❑ Yes *(Please Describe)*_____

Does your child have any chronic or recurring illnesses?

❑ No ❑ Yes *(Please Describe)*_____

Are there any activities that your child should be encouraged to do?

❑ No ❑ Yes *(Please Describe)*_____

Are there any activities that should be restricted for your child?

❑ No ❑ Yes *(Please Describe)*_____

Please provide the staff with any additional health, emotional, developmental, and behavioral information that may assist summer camp staff in caring for your child:

_____

_____

RECREATION PERSONNEL CANNOT ADMINISTER MEDICATIONS TO CHILDREN. IF YOUR CHILD IS TAKING MEDICATION REGULARLY, PLEASE BRING IT TO CAMP IN THE ORIGINAL PRESCRIPTION BOTTLE WITH DOSAGE INSTRUCTIONS. IT WILL BE KEPT IN A LOCKED CABINET, AND YOUR CHILD WILL BE REMINDED TO TAKE IT AT THE APPROPRIATE TIME. *The City of Rochester does not discriminate on the basis of handicap status in its programs, activities or employment.*

Parent/Guardian Agreement

Please initial in the spaces provided and sign below:

_____ I hereby state that all the information included on this form is accurate and my child is capable of participating in this program.

_____ I agree to notify the summer camp staff immediately of any changes in address, phone number, places of employment, or persons authorized to pick up my child, etc.

_____ I will provide the staff with any pertinent health, emotional, developmental, and behavioral information that may assist summer camp staff in caring for my child.

_____ I understand that not fully disclosing the above may put my child's health and safety at risk.

_____ I have read and understand the information in the Summer Camp registration packet.

_____ I am responsible and agree to cooperate with summer camp policies including but not limited to payment procedures and deadlines, hours of operation, and behavior policy.

_____ I understand that summer camp staff reserves the right to remove my child from the program for failure to follow the policies and procedures of the program and the Bureau of Recreation at their discretion.

_____ I give full permission for my child to attend and participate in all summer camp activities, including off-site field trips under staff supervision.

_____ I intend to be hereby legally bound, for myself, my heirs, executors and administrators to waive and release any and all rights and claims or damages of any kind I may have against the City of Rochester, its representatives, successors and employees for any and all injuries which may be suffered by my child.

_____ If an accident occurs, I give my permission for emergency first aid treatment to be administered, or at the discretion of City staff, for my child to be taken to a hospital.

_____ I give consent that the City of Rochester Department of Recreation and Youth Services may use photographs, slides, and video of my child, as may be needed for its records or promotional purposes including website material to promote the interests of the department.

X

Parent or Guardian Signature ***Date***